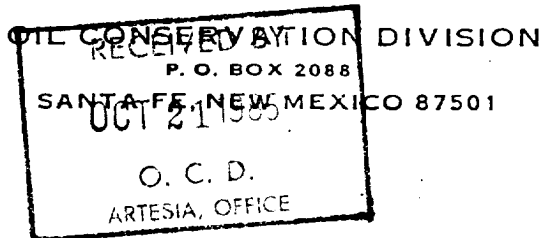


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
E-1286

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Sol West III 3. Address of Operator P. O. Box 10151, El Paso, Texas 79992 4. Location of Well UNIT LETTER I 660 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 26 TOWNSHIP 18-S RANGE 28-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3459.4' GR	7. Unit Agreement Name 8. Farm or Lease Name Turkey Tract Com. 9. Well No. 1 10. Field and Pool or Widespread Undesignated North Turkey Tract Morrow Gas 12. County Eddy
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Squeeze existing Morrow Perforations and open up additional perforations.

Operations began on October 16, 1985 to perform the following work.

- 1.) Set cement retainer at 10,856'.
- 2.) Squeeze cement perforations from 10,860' - 10,869'. TEST CSG ART. SQZ. 600 W. 30 MIN
- 3.) Spot 250 gallons 10% Acetic Acid.
- 4.) Perforate 4 shots/foot from 10,845' - 10,849'.
- 5.) Go in hole with completion assembly.
- 6.) Displace Acid.
- 7.) Retreat as recommended by treating Co.
- 8.) Swab and/or flow test.
- 9.) Shut-in for pressure build-up.
- 10.) Run 4-point test with BHP test if required.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Sheryl L. Cook TITLE Agent DATE 10-17-85

APPROVED BY Les A. Clements TITLE Supervisor District II DATE OCT 23 1985

CONDITIONS OF APPROVAL, IF ANY: